

Good morning. We want to thank FIU for hosting us for today's discussion about Coronavirus in Florida. I also want to thank Secretary Mary Mayhew for her hard work. I want to thank Mayor Carlos Gimenez, been working with him closely for months now. He's been doing a great job. And then I also want to thank our hospital executives for being here from Palm Beach, Broward and Miami-Dade and we appreciate you guys. I'm just going to go over a few things real quick, and then we'll get into a discussion in terms of what's going on in the state of Florida. Let's see, there we go. So we've now done over 1.5 million individuals tested. We're doing it at a clip now that you know hopefully we can reach 2 million very soon. And I think that's good right now we're about one test for 15 people, which is a pretty pretty good clip, and we're gonna continue doing that as we go forward. I think one of the things we'll look at the trends, but very important is what is the median age of those people who are testing positive. And the reason why that is we know now after having done with coronavirus for all these months, that the mortality and morbidity is very closely like a. And those are under 40 in particular we don't have any significant underlying conditions are much, much less likely to be hospitalized or to or to suffer because when we started this. The median age I think was in the 60s in the state of Florida for the test, there wasn't a lot of tests being done, then it slowly went down to get into the 50s, but then what we've seen over the last couple of weeks is really a dramatic decline in that median age, so that as of yesterday, or last week the median age of all the positive tests in the state of Florida was 37. And I can tell you the cases we're seeing today or this week which would have been increased cases. That'd be an age is plunging even further. so for the results that came out today for 618. The median age of positive tests, is this in the following counties, Broward County median age is down to 33, not for the whole pandemic for today's results do vol today, median age of 30 Hillsboro median age of 31 seminal median age of 26. Orange County median age, 29 Dade County median age of 41 and Palm Beach median age of 40. So that is a very consistent trend I'll talk a little bit more about you know what well we're seeing a number of so So there we are, for this is going to continue to go down based on what we've seen over the last several days. Huge, huge numbers of people, particularly in that 20 to 30 cohort, who are testing but then testing positive 60 to 80% of all new cases in Florida for the week of June 7 are under the age of 45, again, what we're seeing. I think that percentage is going to increase once we get this week's results in. That is a big change from where we were, say at the end of March in the beginning of April it was skewing much older at that time. It's important to also understand, and I thought this kid is a new study that came out, they did, they looked at, Italy, and they looked at serum samples of 4300 index cases. And they found that 69.1% of infected individuals. under the age of 16 had no symptoms. Now this is one study, but I think a lot of other studies have been very similar.

Why that's important and I think it's important for people to understand. A lot of the people who are testing positive now are not symptomatic, and I think the hospital executive talking about state testing to anyone who comes in for a procedure, and those who test positive are almost always asymptomatic. And so, particularly in the younger cohort. You're not finding, you're finding infections, with minimal or zero symptoms, that's a little bit different from what we did at the beginning of the pandemic, we were talking about before we came in. When you were somebody that was 25, and you were not symptomatic, and you wanted to go to like a drive thru

testified in March, you would not have qualified to get tested. Part of that was the CDC guidelines. Part of that was the resources were less than they are now, so that was really focused on those folks who are most likely to suffer clinical consequences.

So when we first did the big site in Broward County with the National Guard and Memorial health care. We had first responders and health care workers within symptomatic individuals aged 65 or above. And that was a screen as we started getting into April had more capacity started lowering that age still require the symptoms. Now, what you're doing is you're testing anyone that wants to test, no requirement that you have symptoms at least at the state of Florida sites, and so you're definitely seeing a different complexion, in terms of the ages of people who are being tested. Here's the load test to see for comparison the week of April 5, there were almost 12,000 tests conducted people aged 25 to 34. This past week there are almost three times that many tests in that cohort obviously there there are more positive cases that were found as a result of that, and then compare 65 and plus yet only 16,000 cases are test conducted week of April. But 1800 positive cases, this past week, we had 70 almost 71,000 tests conducted, but only 1400 64 positive cases that's going into these nursing homes, doing blanket testing there obviously anyone that comes to the pretense of cinematic but to go that big of an increase in a test and then actually have the positive cases to decline, because that's a very very good sign. Here's what one thing to look at and I think, you know, I said from the very beginning when we started really increasing the infrastructure in terms of in terms of phase one. I said, Look, there's going to be workers that go just their employer says to get tested people are going to go. You're going to find more asymptomatic cases as you test more, you'll find more, and that's basically been something that we believe from the beginning so I said back in April, you're going to see Florida, we're testing 30,000 a day, you're gonna see us identify 2000 plus cases that's not going to be something that is unforeseen. And I think that's true and I think that's part of what we're seeing now but I also think you look at, and I think this week too you've seen you look at this positivity rate. There's a big difference. That is to develop between the positivity rate for people that are 65 and awkward the most at rest age true. And then the other demographics and you're starting to see increases in the positivity, particularly for those under the age of 45. So that's something you're looking at because if you, if you test two weeks ago, 5000 people and get 100. And then you test. Two weeks later you test twice as much and you find twice as much. That's kind of what is that particularly most of these very symptomatic when the the positivity is going up, you know, that's an indication is circulating more, at least among associates cohorts in the community, than it had been previously so that's something you're watching I think you've seen an increase in the positivity. The last few days. I think it was even 10%, you know we typically debated like 4% statewide. Last week you started to see that inch up because you had some sort of discrete outbreaks. You still have some of that, but you definitely see in that 25 to 34 category, and actually even in probably, you know, the 18 to 24 as well, you're starting to see more positives, regardless of the number of tests so that's something that we're obviously, keeping an eye on.

Fatalities by day in Florida. We've showed this before. We've not had anybody COVID-related under the age of 18 or under, which again shows the age stratification with how this disease

does. We have 86% of all fatalities in Florida have occurred over age 65, yes that got cut off at the bottom. In age 65-plus cohort. And we have had more fatalities age 90 and above than age 65 and under. So it's a very clear stratification in terms of the consequences. And so because of that we really work hard with the long term care facilities. We've now completed either tested or offered a test to every resident in the state of Florida, as well as staff. We are happy to have done that and I'll go through some of the results of that in a minute, but we also understand you can test somebody. One day they can come back negative, it doesn't mean that they can't acquire the virus later. So, we've issued this emergency rule requiring testing at least every two weeks of all staff in long term care facilities in the state of Florida and that will help us prevent the introduction of the virus into these facilities. Many of them have done a good job of that but we have a symptomatic spread. You need to continue to do that. Also have dedicated nursing facilities that are in use. We're going to have one in Miami again very soon, so these are COVID only nursing facilities, you know, you look at the hospitalizations and we'll go through the general numbers. But at any given day because we require nursing facilities to transfer patients to areas they can be isolated if they're code positive. Many of these facilities just can't isolate, so if you don't isolate it spreads and that's obviously the most high risk community. So, this gives the opportunity to transfer over the positive resident long term care facility to COVID positive areas, if that person does not need to be hospitalized medically stable with COVID positive and there are actually a number of the seniors who are up in ears, and they're even asymptomatic or some have minimal symptoms. So this gives opportunities, whether it's dolphin point in Jacksonville, and Spyder and Broward now you're in a pan American very soon. That gives an option for that it also allows the hospital if somebody is brought in from long term care facility, and they're medically stable, it's safe place to be able to discharge them but we basically had between 250 and 450 of the COVID hospital beds at any given time are have been kept since we did May when we when we did the elective procedures and instituted this rule has been these medically stable COVID positive nursing home residents. If you look also at the fatalities broken out by Long Term Care residents versus the general public. You have seen, really since probably towards the end of April, that these long term care deaths have representative basketball of the code related fatalities in the state of Florida and we've got, you know first of the 5 million seniors in the state of Florida, and yet the majority of fatalities are from the senior population as a whole. Really from that, that cohort that very high risk cohort. So we went through and into testing, and obviously people were being tested right off to the basket he said there were symptoms initially, but as we got into April, you know, we realized that okay we had screening we had no visitation and we had all these things in place, and it was effective in a lot of them but you did have a symptomatic spread and the staff would bring in for the, in fact some of the residents and so you started to see outbreaks Saman like Swanee county we've seen him some in South Florida. So we thought it was important to test the residents to test the staff. And so we've gone through with the strike teams private contractors all these different things I've done this in writing now we have about 80% of the more than 4000 in long term care facilities in the state of Florida had never had a single COVID positive case, because 933 of them had one or more but I believe the majority of those that have had one or more have that fewer than five. So a lot of these facilities did a very good job. This is a very transmissible virus, and at 80% never even had a case, much less than a fatality. You know, it was really good. And so that's

that's very important. And you see also one trend that we noticed, you know we are seeing decline in cases in long term care facilities we're seeing fewer outbreaks and and there was a time in April May it seemed like you know every other day there'd be some type of outbreak, you still have some cases, obviously.

But there has been a decline, which is a good thing and those are the patients that are going to have the highest acuity they're going to be most likely to be hospitalized if you do have an outbreak. And as I mentioned you know we're between 250 and 450 medically stable long Term care residents are in hospitals, they don't need to be hospitalized but it may not be safe to have them in every facility, so they can be properly isolated.

Okay so bed availability. We have twice as much capacity and hospitals throughout the state of Florida today than before the pandemic began. And that's with having elective surgeries which have been going on since the beginning of March, and you see it you know every which way the total number of COVID patients statewide has always been a small fraction of the total hospital beds in the state of Florida. So there is capacity hospitals as will speak to this. But there's plenty, plenty of capacity here in the state of Florida, and we knew. Yeah, there was a lot of predictions that Ford is going to run out of capacity in the meet in the middle of April, obviously that didn't happen. But then right now even with the elective procedures in a much better position because we have animal testing resources ample PP know more about the OMS. So things are things are all these folks I think are in really really good shape with that. So mitigation efforts. What we're seeing is increased cases in, mostly asymptomatic but increased cases in a younger cohort. We've messaged from the beginning of March, that those who are elderly or have significant underlying medical conditions, you know, need to be avoiding crowds and avoiding eye contact outside the home as much as they can. And I can tell you, the seniors in Florida have done a really really good job, you don't have that low positivity rate, unless that's the case. So they've done a really really good job in terms of social distance in terms of making sure they're looking out for themselves. I think that we started to see you know sort of erosion in social distancing for probably some of the younger population. So, the Department of Health is going to be launching some public service announcements, reminding folks of some of the things that you can do, if you're just a normal healthy younger individual doing things like frequent hand washing and sanitation, staying home with six social distancing and wearing a mask. You know when you can't get social distance. You know those things are very very important and can help reduce the amount of the finance division I've ever seen, particularly in those age cohorts so I'm going to turn it over, we're not all that may or may not as I make some comments I've turned me here, and then we'll hear from our former hospital folks and we're just gonna have a little discussion.

GIMENEZ TALKS

MAYHEW TALKS

Thank you Governor, you know I think from the very beginning you have been clear that there's a difference between panic and preparedness, and you have had a laser being focused on protecting our most vulnerable are elderly or Medically Frail. And we've also understood that it was critical to monitor our healthcare systems capacity. So, we have taken steps long before many other states to protect our elderly in the most vulnerable setting. We have nursing homes here in Florida and certainly in Miami Dade and Broward facilities that are 40 to 50 year old buildings they are maxed in their occupancy awfully difficult to isolate in those buildings when you have a memory care unit and so we haven't worked to establish these dedicated facilities we've never had false expectations about the ability of some of our long term care facilities to be able to isolate that allowed us to take swift action. Early on, to move individuals to work cooperatively with hospitals to protect our elderly. I am grateful to the hospitals here in Miami Dade and Broward and Palm Beach, there has been a level of collaboration of all of the hospitals, I don't know how many phone calls that I have been on routinely over the last many months where data has been shared where discussions have been coordinated. there has been not only a level of preparedness but an increased focus on what surge capacity to lead looks like in our hospitals, we drill down on how many beds, our hospitals could bring online in 48 hours. So we focus on the beds that are staffed currently, but what we know is that our hospitals have an incredible ability to rapidly increase their capacity and that is often overlooked by the media as they focus in on current capacity. So really, really impressed you know as well that we mandated that hospitals test every single individual who is scheduled to be discharged and placed in a long term care facility that has also contributed to our success so we know we have more than 15,000 available beds today in Florida, the trends are absolutely favorable the acuity is down and it is a tribute to the incredible dedication and commitment of our frontline staff of our hospitals and our long term care facilities. We've had some incredible regional collaboration that is supportive in the best interest of protecting our most vulnerable and making sure that we have adequate capacity throughout the system I think it's also important to underscore, we have a lot of individuals who have delayed critical health care services and we want to make sure they have the confidence that they can in fact, come to the hospital to get that needed health care. So thank you, Governor.

MARK ROSENBERG

Great well thanks for your hard work. I want to hear from some of our hospital executives and we'll just have a conversation so, so Carlos and Gloria Jackson health in Miami. Thanks for working very closely I know Mary's work in a day to day, and we've worked together and I mean we're working with the mayor here. So you guys got a very big county a lot of stuff going on I've noticed you guys doing a great job so closures.

HOSPITAL EXECUTIVE TALKS

We got Aurelio Fernandez, CEO Memorial healthcare system, they've been great working directly with my office when everyone wanted to get tested and obviously those tough getting those kids in February early March and finally, we got the National Guard there and we set up a

drive through test site. At that time, and even the drive thru sites throughout the country, a lot of that just failed and they people were so we said we've got to get it right and we want people to have confidence we don't want them. So you get it and that's probably been they've actually had a National Guard leaders from around the country come and scope it out and try to get best practices, and obviously the guard did a great job about memorials just been phenomenal in doing that and that is probably one of the most well traveled sites, probably anywhere in the country and I think. Evidently you've seen a decline in the age going through, the age being 33 being the median for today and it's obviously much younger than the one we started with so that's a good thing so go ahead.

FERNANDEZ TALKS

Just to point out kind of how it can be characterized, so, In April, I mean you said you had more COVID patients than you do now, but if you look statewide, probably true for you. There was like 40% of the beds were available as many elective surgeries come in so you start to see more people in the hospitals, and so now it's 25%. But that's mostly for things other than COVID correct?

FERNANDEZ: Absolutely.

MAGGIE GILL TALKS

So when you look at your system and Palm beach. And you look think about the people that were hospitalized in March and April, versus now generally is there been a decrease in like the average age and acuity would you say I know others have said that that's what they've seen.

GILL TALKS AGAIN: Our trends will reflect the data that you show unoccupied hospitals where it's in the average age is lower the ICU utilization is less. You know we're testing more people. And so we're getting more results, and that is better for everyone because we can better determine how not to prevent the spread. But certainly, it's a different situation than it was.

DESGANTIS

And that's why I mean we have way more people in the ICU. In April, statewide don't do now statewide. Can you talk about it. So, the wife and I had a baby at the end of March, you know, went in this kind of, was obviously, people were limited, but she wasn't tested for COVID at that time obviously well now we have our testing resources so hospitals, if someone is going in for a procedure, other than tooted Are you testing everybody who goes into the hospital for those types of procedures?

GILL: We are, etc.

DESGANTIS

So the when folks are coming in, whether it's give birth or things. And they're tested for coding test positive, are they generally just asymptomatic carriers.

GILL: It depends, etc.

DESGANTIS

and what about just the people who like the people who come into the test for like electives. It's based test positive, obviously they didn't think they had before. Do they tend to be the asymptomatic folks or or is that does that run the gamut.

GILL: You know it's a really low percentage to test positive. And we give them all of the proper advice to just quarantine and take care of themselves in that manner but it's a relatively low number of people who are coming in for elective care who are testing positive.

ANOTHER HOSP EXECUTIVE

But to that point, if they're testing positive and coming through for elective surgeries, they're not being admitted, they're asymptomatic, they're sent home and wait till afterwards. Keep flooding come back and bring like. Obviously if you're expecting mother you're gonna have a baby, you can't just send you home.

GOVERNOR

How do you do that you have special, do you take them to the COVID section or you just have negative pressure room?

[Executive answers]

Really, have you seen a difference in Broward in terms of the age or acuity of the patients who are being admitted to the hospital now compared to maybe March or April?

ANOTHER HOSP EXECUTIVE: Absolutely, etc.

DESGANTIS: How do you guys use it I know we work with HHS for the Remdesivir here are the musicians, using the Remdesivir and how's that how's that worked out?

HOSP EXECS ANSWERS, GOV ASKS ABOUT STEROIDS. MANY MINUTES OF CHATTER. GIMENEZ SAYS WE CAN'T GO BACK TO RESTRICTIONS AND THAT M-D HAS PLENTY OF CAPACITY.

BACK TO DESGANTIS

Secretary Mayher, we were talking earlier about when somebody does go in for some type of childbirth or something and they do test positive. They are even if they're asymptomatic that's considered a coven hospitalization, and then also we've done, there's some folks that some systems use an ICU wing, as I guess, a COVID, they actually have stable COVID patients that

have been put in there but they're counted as ICU just because that's the way they report 40% So, even though we have far fewer people in the ICU today, that actually doesn't include people who really aren't in intensive care bed right?

MAYHEW ANSWERS

DESANTIS: Yeah, any final comments?

VARIOUS ATTENDEES ADD FINAL COMMENTS

DESANTIS: Great. Well, I want to thank everybody for participating in there just to put a bow on it, we before the end of the game, we have today even with elective surgeries being online and made it twice as many available beds statewide, as we did at the beginning of March, and I think you're seeing, hearing from these these executives about about where things are obviously they have the capacity to be able to handle whatever comes down the pike. But you do have situations like brow or, you know, being down from from their peak and those are just the facts. And it's important that people understand that and understand that these are the folks who've been working at this from a mindset of minds now, it's very very good news. When you hear him talk about the patient's having less acuity than we saw a couple months ago, in part of that is, you're seeing a younger demographic which maybe can handle the disease a little bit better but I think a lot of it is, they really learned how to, how to treat it. And I think that they they've learned a lot and are doing a really good job of that. You know, we are, we put in I don't know really robust testing and infrastructure. Part of the reason we wanted to do that was because we knew as people were getting back to work, businesses around one their employees to be tested, and I think you're seeing that now in terms of with the demographics that we're looking at, and you know understand like kind of new cases just for the positive test it doesn't mean someone's sick and in many cases, when you have this low number of people and kind of the age. A lot of them don't have cell phones. And a lot of them are not going to present any type of clinical consequences in terms of our healthcare system, but you are unmistakeably seeing a lot of cases skew much younger now apparently the clinical consequences I said before, and he says under the age of 30, chances are they'll be less clinical consequences than if you had 100 cases from a long term care facilities that's just the way you know this virus works so the number of cases, and it's not something that is necessarily going to tell you what the burden is diseases and see these ages. This will continue to trend down, you know it's showing that they're younger people don't have to get tested which we wanted to see. And you have cases, when you identify these cases, you're able to trace contacts and isolate people that's been done data has done it has been done, I know they've been able to isolate the homestead outbreak to one of the. There was a certain neighborhood. So they were able to get people when they're attached to everybody. So having the ability to test allows you to identify, way more cases than we would have been able to do previously and if someone had presented with symptoms and tested positive say the second or the third week of March, there would have been contact tracing but they would have gone to the contacts and said okay you've been exposed self isolate and then if you develop symptoms, let us know, they would not have just

tested everybody because there just wasn't enough capacity to do that. So we have a lot of folks who are being tested who are asymptomatic now one of the things I think we're gonna have to work with is, yes it's skewing younger, but these younger people are testing positive, you know, at a higher rate and so that's something that we're gonna have to deal with in terms of some of the things that may or may not as mentioned, we're going to be doing, the Department of Health gonna be doing public service announcements about the social distance about hygiene, you know about the, you know, wearing the mask and you get close to people, things like that. And hopefully that will be something you know that will register but we have seen the trend down in terms of the age. We have seen a trend, particularly in that age group, you know with the positivity and yes, it's a low risk group. But if you continue to see some cases there. The idea that you can just totally segregate the elderly, from that infinitum I mean eventually you know that's gonna that's gonna spread so we want to really work on that particularly with those, those demographics but bottom line is twice as many hospital beds available today and before the pandemic began, we are down on an ICU hospitalization and significantly. Students since April. And I think the folks that are going into the hospital Now fortunately are skewing younger, with less acuity and honesty, we want to use many people as we can. But those are the folks that have very good odds of a successful recovery. So thanks everyone for being here, take a few questions and I'm gonna head on back to Tally.

QUESTION ABOUT MASK REQUIREMENT

So we are not pre-empting any of that I mean we you know I'm told the mayor here yeah you gotta take the decisions that you think are the work well again and we've encouraged him to do that and we put them on basically their own trajectory, and likewise you know some of these other municipalities, you know that they want to do that. Look at the end of the day, we put out an advisory beginning of May, recommending for CDC that you know you could wear a mask. When you can't social dissonance or when you're in a face to face type business. When they do go that and they have every right to do that, you know, they're going to responsible for the enforcement of that. And, you know, our view has been to attach criminal penalties would not necessarily be the right thing to do. Yes, sir.

QUESTION ABOUT MEDICAID BUDGET

table I mean look, I think I mean you guys all know the budget was laid on the desk. I think about a week or not even maybe less than a week before the 15 days to stop the spread so you had a huge sea change, because even though we knew we were dealing with coronavirus in January monitoring it testing people monitoring people in February. The second week of February and some of the folks in Washington are saying no, no, you're fine to go back to your wife just just take precautions. And so that's what the legislature was doing when they were going through that and I think that was reflective of similar conditions that when I did my, my governor's budget. Now obviously it's changed and I think we saw you know we get gained jobs on in May, which is which is a good start. We've got a lot more to do. So I'd say you know everything's on the table. I'm not going to sit there and say, I have to. I already know I'm going to veto things in my budget. I've already made that determination and there's going to be things

that I veto that really. Some of the things that are things that I thought were good for the governor's office.

But I also understand you know those are the front lines of what we're dealing with here and so I can't guarantee anyone anything but I'm sensitive to the burden that they're facing, because they have the most at risk population for COVID, by far, and if you look now nationally. It's 10. If you do the numbers honestly so it's Florida. Any resident of a long term care facility who has an COVID related fatality, whether they die in a facility and hospice in hospital counts in terms of that. And obviously you know we've worked hard to reduce that as much as we can, you know, some states only counted if they die, in the long term care facility will obviously if they caught it there and they treat it to the hospital that it shouldn't count as a long term resident send you an honest accounting. I think right now nationally I know they say the 40%, but if you do the honest accounting, I think is well over 50% of the COVID related fatalities in this country have been in long term care facilities and so we got to understand that and we got to understand that that's something that's significant. I will tell you this, the plan that we're doing by mandating the testing for the folks who work in long term care facilities, we're paying for it. We're not expecting them to pay for it. We're putting that bill, it's not necessarily cheap I mean fortunately we have pairs that and money that can be used to do it. But we really believe that constant monitoring of the staff, so that they don't bring it into the facility is critical for preventing from renting out money so we're going to do that and so I just say that it's probably yes ma'am.

ARE SOCIAL DISTANCING MEASURES ASSOCIATED WITH REOPENING WORKING?

So we have as many people said we we have far fewer people that are hospitalized for COVID ICU today than when we were under more stringent medication that's just the fact, if you look at the fatality rates continue to go down. I mean I do think that a lot of this is voluntary compliance, I mean you know you're just not going to be able to police every single group of people every single time. And so I think as you get into this month after month i think i think people do get a little tired, particularly in some of the age groups that may not be as as at risk. But, uh, so that's why we want to do the PSA. That's why we want to continue stressing the message, you know, they went through a two week period watching you know a lot of people out of doors congregating in massive groups that was on national TV every single day. And I think that that probably sent a signal Some people say, Well, okay, well then you know I needed to be able to get on and start doing some other stuff. So I think that's why you're seeing are part of the reason I think why you're seeing, you know some of the positivity go up in that and protecting that younger age group, I do though think some of this is just the fact that you are engaging in mass testing of folks regardless of symptoms, I mean you saw the study in Italy, almost 70% of the people under 60 didn't have symptoms and their study. So let me think about what would be under 40, I mean it would probably be even fewer we would have would not have sent up so you got a lot of people who are asymptomatic or being identified, you know there have been stories in the press about some group without someone tested positive they tested my 10 friends, they all tested positive and none of them actually develop develop the symptoms and so that is part of what you're seeing if we had tested the way we do now. In March, you would have

seen you know a lot more cases because that was usually limited to people who are who are already showing symptoms, and that's not the case now. Yes, sir.

QUESTION ON FELON VOTING

Well, it's not up to the voters in Florida to pass an amendment right and this is super Florida said that they had to complete all the terms of their sentence and so that's kind of the issue, do you have to complete the terms of the sentence if, if you were robbed and someone's convicted and taken you know \$3,000 out of your house, and they were ordered to pay you \$3,000 in restitution. And they didn't do it, they complete the sentence. And so those are the things that are being litigated but we said when I signed the bill to implement that amendment. And so that's going to be litigated but listen I understand that the Supreme Court has identified what it meant. And the people who advocated for it stood in front of the Supreme Court to get it onto the ballot and said, completing your sentence means everything you have to complete, they did that they ran a campaign saying you had to do that. So all we're doing is basically saying okay that's what the people did they were going to do it but I don't think that's what it means. And I think the Supreme Court of Florida said that's what it means, not just as a matter of what I think is justice. Yeah, I think if somebody gets Rob, they have a right to have restitution paid to them, and we hardly ever talked about victims anymore. In this country, and there are people that are victimized. You know by violent crimes in particular, who I think that we need to be standing up for so if that didn't have that, then we would have implemented as it was written, but since it said yes, please in terms of sentence. I mean to the pay somebody restitution order to pay you know some of these fees are the costs, those go into the victim compensation funds that's the whole reason that they have that there, so something is very important. So I think that that'll be something that comes up and you know an appeals court, you know, sometime in the near future. Yes ma'am.

ARE PROTESTS RELATED TO THE RISE IN CASES?

So I don't think I certainly have not had my department of health substantiate that protests are driving the fingers with the younger people I mean obviously there's a correlation there but I wouldn't want to say that until you actually had the had the evidence but I, but as I said earlier, I do think when people see that. And let's just be clear and nothing personal against anyone here, you know, we had mindset in this country where if someone walked onto the beach, they were shamed on social media, and by people in the news media is not so even though a lot of the more social distant California beaches sort of beaches all these other things. And then when the the protests happened he got massive demonstrations of the people. I mean some of these were 20, 25,000 people in California, I used to this other stuff. And all of a sudden the social distancing took a backseat to social justice, and so the thing is from a public health perspective, you may think that protest is the most important thing you can do as a citizen I respect that.

But understand it from a virus perspective, gathering with 5000 people to protest, something that's important to you. It's no different than gathering with 5000 people to do something else

that may not be considered as significant and so I think there was a lot of mixed messages that came out, particularly from a lot of public health officials, where they basically said we support this type of protest, but not to do something else. And here's the thing. I think the people of Florida in particular, you know, they want to do the right thing, but they don't want to have their changer. And you remember three months ago, people said from Washington don't wear masks, because it will make you more likely to get infected even though they said well now they say, yeah, we didn't want to be one of the healthcare workers and so he told me well here, why would you just not tell people the answer other than say, well, the mask can be helpful, but the hell there is shortage now we need our frontline health care workers please don't buy if that would have been a better message. And so I think people see that and I think that there's sometimes confusion. And I think that they wonder okay why is it okay to do one thing and not others. I mean, there, there are parts of this country that had really rigorous things in place, where you have a family member that died you couldn't bury your family member. You couldn't even go into the hospital and see an ailing family member before they die because of stopping the spread social distance and to have had people abide by that. And then to see, you know, that kind of get thrown out the window.

I think, I think a lot of people gotten really frustrated I don't think they rise to the people that want to protest and quite frankly I've always said, you know, this has to be voluntary because the Constitution is not suspended, to just because there's a virus, you do have a right to practice you have a right to go to religious service and all these other things. But I think just, I think that that kind of sent a message that hey, you know, we're on to none other things now and I think that that may have experienced but I don't want to say that these are folks who attended the protests, maybe that would come out to be the case. But I do think that we kind of moved on and seeing life from a media perspective. And I do think that had an effect on on how people do it. And my message is basically just particularly as your younger demographics is, you know, you have a role to just help us by doing some really basic things you're talking about hygiene basic social distance, you know, Mayor Jimenez has things, you know with wearing a mask of five by that and then that'll make it better for everybody going forward, as I said when this skews this young, you are not going to see the type of clinical consequences out of this cohort that you would enter the nursing home cohort.

But, you know, these folks can definitely spread it around in the community and so this is a, I think it's we I totally expected to see more cases I said in April and I put it on the last presentation that I thought we would be seeing more cases than we ever had over 2000 cases was easily something I thought would happen, because when you do mass testing, a symptomatic spread, you're able to identify the spaces because at the same time, you know, we are going to be honest and say, it's skewing younger, but it's also escalating in terms of the positivity, especially in that community. You know when we start to see the positivity go above, you can kind of pinpoint in some of the hotspots around the state, so I like in Collier county. That was 13% because you have a monopoly outbreak, Martin County that was 10 12%, because you had the Indian town outbreak and you can kind of go and do a lot of that, again, you have a couple places, but now I think what you're seeing particularly in Central Florida and Tampa Bay

is, these are more community cases with younger people, and passing around the community, you know, at a rate that is higher today than it was say maybe three weeks ago, so that's something that we've got to dig in for, there are going to be PSAs coming out and we hope that people will do that. And I do want to kind of piggyback on what Carlos just said, you know, our, our reopening plan is a step by step process, a lot of these things that are open.

Restaurants are at half capacity. And we wanted to be able to get people back into business we need to be able to do that. But we did have capacity for a reason because, you know, we wanted to make sure that people would go in respect to social business. And I think that the vast, vast majority of those folks have done that, but I do hear reports about all of a sudden someplace it's like gone to the bar open by and it's like, it's like packed in there.

And the thing is is you know that's not what we want to be doing right now I mean obviously we want to get to the point where people can live in my live, but but follow the plan, follow the rules that have been put out. And I think that that will be better for everyone and so I want to commend the vast majority of the folks who are running some establishments for doing it the right way. But we are in DBPR, I'm going to tell them to start looking at seeing who is just not following any of the any of the guidance. Because, you know, we don't want to continue to see even though it's a lower risk or, you know, we don't want to continue to see, you know, this spread throughout the communities and that may not be the whole reason but but it could be part of the reasons we want to make sure we handle that. Alright, well thanks everybody for comment, we really appreciate it.